DO/EO BIBLIOGRAPHIC DATA ENTRY

SERIAL NUMBER: 09 /   202181   RECEIPT DATE: 12 / 10 / 98
IA NUMBER: PCT/   IL97 /   00184   IA FILING DATE: 06 / 10 / 97
FAMILY NAME: REISNER   DELAY WAIVED (Y/N):   Y
GIVEN NAME: YAIR   DEMAND RECEIVED (Y/N):   Y
PRIORITY CLAIMED (Y/N):   Y   PRIORITY DATE: 06 / 11 / 96
NO BASIC FEE (Y/N):   N   US DESIGNATED ONLY (Y/N):   N
ATTORNEY DOCKET NUMBER: REISNER =5   COUNTRY: ILX
CORRESPONDENCE NAME/ADDRESS: CUSTOMER NUMBER: TELEPHONE
                                                        FAX

NAME: BROWDY AND NEIMARK

STREET: 419 SEVENTH STREET NW
           SUITE 300
CITY: WASHINGTON
STATE/COUNTRY: DC   ZIP: 20004
EMAIL:
APPLICATION TITLES:
   HUMAN MONOCLONAL ANTIBODIES TO THE HEPATITIS B SURFACE ANTIGEN

             TAB TO LAST POSITION,PUSH SEND

SERIAL NUMBER	FILING DATE	CLASS	GROUP ART UNIT	ATTORNEY DOCKET NO.
09/202,181	12/10/98	800	1649	REISNER=5

APPLICANT

YAIR REISNER, OLD JAFFA, ISRAEL; SHLOMO DAGAN, REHOVOT, ISRAEL.

CONTINUING DOMESTIC DATA*******************
VERIFIED

_RZ_

371 (NAT'L STAGE) DATA*******************
VERIFIED   THIS APPLN IS A 371 OF   PCT/IL97/00184   06/10/97

_RZ_

FOREIGN APPLICATIONS**********
VERIFIED   ISRAEL   118625   06/25/98) par/FC

_RZ_

IF REQUIRED, FOREIGN FILING LICENSE GRANTED 08/27/99 ** SMALL ENTITY **

Foreign Priority claimed ☒yes ☐no 35 USC 119 (a-d) conditions met ☒yes ☐no ☐Met after Allowance Verified and Acknowledged _RZ_ Examiner's Initials _____ Initials	STATE OR COUNTRY ILX	SHEETS DRAWING 10	TOTAL CLAIMS 18	INDEPENDENT CLAIMS 5

ADDRESS

BROWDY & NEIMARK
419 SEVENTH STREET NW
WASHINGTON DC 20004

TITLE

HUMAN MONOCLONAL ANTIBODIES TO THE HEPATITIS B SURFACE ANTIGEN

FILING FEE RECEIVED	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	☐ All Fees ☐ 1.16 Fees (Filing) ☐ 1.17 Fees (Processing Ext. of time) ☐ 1.18 Fees (Issue) ☐ Other _____ ☐ Credit
$498		